

ABSTRACT

AIMS AND OBJECTIVES

The study was conducted to analyze the clinical correlates and characteristics of paediatric tic disorders and its associated neuropsychiatric comorbidities.

METHODOLOGY

It was a descriptive cross sectional study done in children in the group of 3-15 years of age, who were diagnosed as having tic disorders according to DSM-5 diagnostic criteria and in follow up in the child psychiatry department of a tertiary care center, during September 2016 to September 2017. A total of 60 children were enrolled in the study based on selection criteria and complete clinical history regarding tics was collected. All children were scored on YGTSS (Yale global tic severity scale) for tic severity and the associated comorbidities like ADHD, behavioural problems, OCD, ASD were assessed using scales like Vanderbilt ADHD parent rating scale, CY-BOCS (Children Yale Brown Obsessive Compulsive scale), CBCL (child behavioural checklist), and ISAA (Indian scale for assessment of autism).

RESULTS

Most common age group of onset of tics was between 7-10 years. Tics were more common in males with male to female ratio of 3.6:1 and motor tics were the commonest type. The most common educational problem was poor progress in school and difficulties in scholastic skills development. Comorbidities psychiatric disorders was present in 38 (63.3%) of children. They were ADHD (48.3%) , OCD (6.6%), ASD (6.6%) , SLD (specific learning disorder- 20%), behavioural

problems (16.6%), rage attacks (8.3%), sleep disturbances (8.3%) and others like bruxism and seizure disorder in another 6.6%. Significant correlation was noted between age of onset of tics and presence of premonition urge and ability to suppress tics. Children with severe tics had more frequency of co-occurring ADHD and behavioural problems . Children with comorbidities had more educational problems the those who did not. Linear relationship between tic severity score and comorbidity score existed.

CONCLUSIONS

It is concluded from the study that presence of tic symptoms in a child signals the need for a comprehensive assessment of other comorbidity psychiatric problems like ADHD and behavioural problems .Additional ADHD comorbidity should be taken into account while considering the diagnosis and management of paediatric tic disorders.

KEY WORDS

Tic disorder, ADHD – Attention deficit hyperactivity disorder, SLD- specific learning disorder , OCD-Obsessive Compulsive disorder, ASD- AUTISTIC spectrum disorder